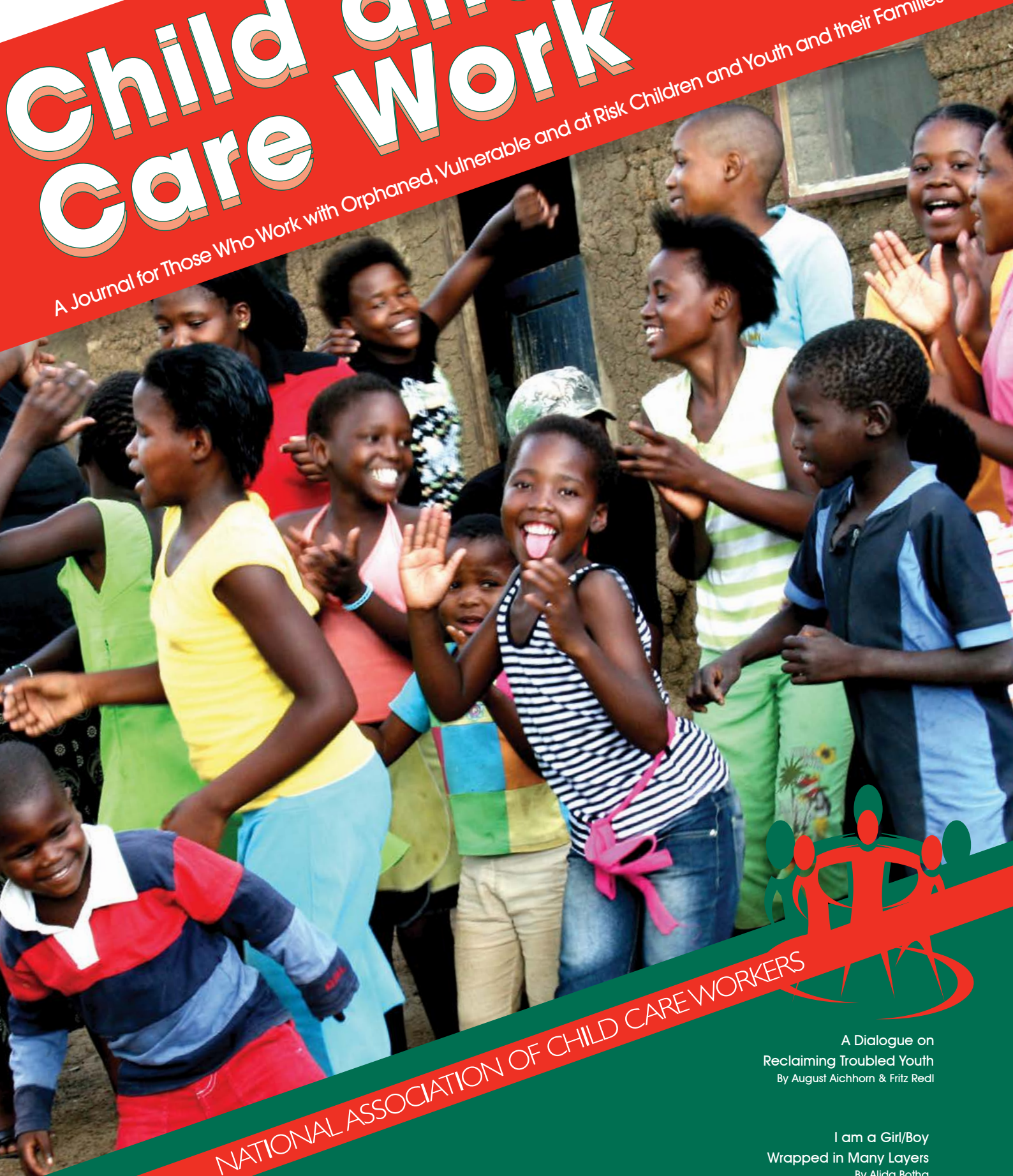


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A Journal for Those Who Work with Orphaned, Vulnerable and at Risk Children and Youth and their Families



NATIONAL ASSOCIATION OF CHILD CARE WORKERS

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By August Aichhorn & Fritz Redl

I am a Girl/Boy
Wrapped in Many Layers
By Aida Botha

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Thinking About The Therapeutic Milieu ...

by Jackie Winfield, Durban University of Technology

Introduction ...

Those of you who work in residential programmes for children and youth might be aware of the move towards the "transformation of child and youth care centres". For some, this transformation will require new ways of thinking about residential child and youth care work; for others, perhaps this represents a reflection of what you know and do already. Either way, in order for us to understand the transformation of child and youth care centres, it may be useful to consider the concept of the therapeutic milieu.

What is a milieu?

The concept of "milieu" refers to the environment or context in terms of all its aspects. In child and youth care work, we often use the concept of "life-space" instead of milieu. According to Stuart (2009: 11), the key aspects of the milieu are physical, social, emotional, ideological and cultural. A simplified explanation of these elements follows:

Physical: The physical aspect of the milieu refers to elements which are concrete, tangible and accessible to the senses (sight, hearing, taste, smell and touch). Significant physical factors in the milieu have been found to impact on a person's experience of her-/himself, others and the environment. Examples of factors to consider are use and arrangement of space (public and private), general appearance, cleanliness, stimuli, colour, light, temperature, ventilation (flow of air), noise and music, pictures and décor, furniture (comfortable yet high quality), display of personal objects, maintenance, safety issues, availability of resources, and access to outdoors with appropriate activity areas and equipment.

Social: The social milieu is based in the network of relationships and the quality of those relationships. Important aspects include the relationships between children, those between staff, those between individual children and individual staff, and the connections with and between a range of other people both within and outside the organisation itself. As the primary caretaker in the milieu, the child and youth care worker's most important task is the development of an appropriate and trusting relationship between her-/himself and the young person. Indeed, research has continually indicated that "the relationship between child and care giver was the best predictor of success in residential care" (Cohler and Zimmerman, 2001: 4).

Emotional: In a therapeutic milieu, the emotional aspect is likely to be volatile (unstable and potentially-explosive) due to the large amounts of emotional pain and distress experienced by children placed there. Behavioural eruptions must be recognised as expressions of inner turmoil and deep hurt for which the child has few mechanisms with which to cope. Cohler and Zimmerman

(2001: 17) remind us that "(i)t is common for children in group care who were born into circumstances of abuse and neglect to respond with rage to circumstances that most children would be able to master with little difficulty. An unusually complex problem in arithmetic or some unexpected change in plans is likely to precipitate acts of destructive aggression." A therapeutic milieu is one in which feelings are acknowledged, shared and expressed. The child and youth care worker must be able to assist the young person to feel secure and cared for, and to express emotions appropriately.

Cultural: Whilst people in the therapeutic milieu might come from diverse cultures, the milieu has its own cultural norms, which should be consciously planned on the basis of positive values such as caring, respect and equality. Bailey (cited in Stuart: 111) states that "(t)he most appropriate and therapeutic culture that promotes healing, wholeness, and hope for children in residential care is one that focuses on relationships and understanding, rather than mere control of behaviour".

Ideological: The ideology of an environment includes the fundamental philosophy, principles and beliefs on which it is based. An environment based on the belief that “children need to be controlled by adults”, would have a markedly different impact on practices to an environment based on a belief that “children need opportunities to learn self-control”.

None of these aspects exists in isolation from each other. They co-exist and have influence on each other. In order to maximise their developmental and therapeutic potential, there should be congruence between them since “the power of the milieu to transform how a child thinks and acts is directly related to the child-serving organisation’s ability to consistently align and integrate the expression of its systems, physical environment, programs, and people with the values and beliefs it holds” (Ross, 2007: 7).

What is “therapeutic”?

Therapeutic relates to therapy and is about healing and/or curing. The young people admitted to child and youth care centres have suffered emotional trauma, and have absent and distorted developmental experiences requiring treatment. So if we are being required to promote healing, we must have some idea as to what it is that we are needing to heal ...

But perhaps, it would be useful to think first about another place of healing ... the hospital. Simply put, the hospital is a place where one goes for treatments for medical conditions. One might have an illness or be recovering from surgery or be under observation for a period of time. The people who need the hospital are ill. They bleed, they moan, they vomit, they undergo surgery ... and the

people who work there – the doctors, the nurses and other personnel – expect that ill people will manifest the symptoms of their illness! So they wipe up the blood, administer the medicine, strap the broken limb ... because the person needs help in order to heal.

The children with whom we work also need healing. Whilst many do not arrive in our programmes with physical ailments (although some do arrive with broken bones and chronic illnesses), the need for healing remains. The children in residential child and youth care centres come from backgrounds where they have been raped, beaten, abandoned, insulted, rejected, ignored, humiliated, victimised, neglected, tortured ... Such experiences inflict deep emotional wounds so that by the time we meet these children, they have often spent years in intense turmoil and pain. And these wounds also require our care ... The children show us their wounds through their violence, their under-achievement, their self-destructive behaviour as well as through their isolation and their compliance and their manipulation ... They need protection and care and understanding and opportunities, because their inappropriate behaviour is the equivalent

to the blood dripping from victim of the motor accident, or the high temperature of the malaria patient or the paralysis of the person who has suffered a stroke. For the children, caring relationships, developmental and therapeutic activities, opportunities for expression of feelings, and a structured yet flexible approach contribute largely to the healing process.

What is the therapeutic milieu?

In the therapeutic milieu, treatment and healing occur through the events of daily life. However, a therapeutic milieu does not just happen by itself! Phelan (2009: 46) describes it as “a thoughtfully-constructed environment promoting healthy growth and remediation”. It is a planned environment in which conscious decisions are taken about each of the five aspects mentioned earlier. The child and youth care centre provides an opportunity for children to experience healing through the conscious creation and use of the environment. In a therapeutic milieu for children, the child and youth care worker has the responsibility to be an active agent in the creation of the milieu giving



attention to all aspects on a moment-by-moment basis throughout the day.

But how can an everyday event be therapeutic?

Let us briefly consider a typical event of daily life and issues for consideration in the therapeutic milieu. Bedtime may be a time which causes enormous anxiety for children. Whilst going to bed might be a source of pleasure and comfort for most people at the end of the day, some young people find bedtime disturbing or terrifying due to fears (including fears of darkness, of unseen terrors, of wetting the bed, of being alone, of being vulnerable, of uncontrollable and painful thoughts), or memories of abuse and other upsetting experiences. Fears and anxieties might manifest themselves in a range of challenging behaviours such as refusal to go to sleep, continuous (and/or unreasonable) requests, or

disruptive behaviour. For young people to experience bedtime as therapeutic, child and youth care workers need to give attention to issues of safety and emotional well-being. According to the specific identified needs of the young person, the child and youth care worker might close the windows, leave on a night light, read the child a story, give a back rub, share positive experiences of the day, sing a lullaby, provide a drink, and assure the child of her/his availability throughout the night. Places for sleeping should be comfortable and comforting. Over time, consistent individualised caring in relation to bedtime will contribute to young people experiencing healing through genuine understanding and appropriate meeting of needs.

Conclusion

Residential child and youth care work can and should be far more than the provision of food, clothing and shelter.

In the 1960's, publication of "The Other 23 hours" (Trieschman, Whitaker and Brendtro, 1969) gave recognition to the idea that residential care could be residential treatment through creation of the therapeutic milieu. It is time to realise this potential in South Africa through the transformation of our child and youth care centres, and through the active and conscious participation of child and youth care workers.

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